

**FOR DEPT USE ONLY**

Date: \_\_\_\_\_

Filing Fee(3508) \_\_\_\_\_

Check #: \_\_\_\_\_

**[A B C INSURANCE COMPANY]  
[123 MAIN STREET]  
[HARTFORD, CT 06106]**

CONNECTICUT COMPANY NUMBER [000001234]

NAIC # [1234]

**[ABC INSURANCE COMPANY] IS AN ADMITTED CONNECTICUT INSURER AND IS AUTHORIZED TO OFFER THE FOLLOWING LINES OF INSURANCE:**

*[Participating and Non-Participating Life and Variable Life, Accident and Health, Variable Annuities, and Workers Compensation.]*

**Send List/Fees To: State of Connecticut  
Insurance Department  
Licensing Division  
P O Box 816  
Hartford, CT 06142-0816**

[ABC Insurance Company Licensing Contact Name]

[Licensing Department Address]

[ " " " ]

[ " " " ]

[ Company's Licensing Contact Phone number]

**PLEASE APPOINT THE FOLLOWING INDIVIDUALS AND/OR FIRMS TO THIS COMPANY:**

(PLEASE TYPE)

	LICENSEE NAME	FIRM/ INDIV	CT PRODUCER #	SOCIAL SECURITY # -OR- FEIN	LINES OF AUTHORITY * APPOINTED FOR:(SEE CODES BELOW)
1.					
2.					
3.					
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Total # of Appointees \_\_\_\_ X \$25 = **Total Appointment Application Fees Enclosed \$**\_\_\_\_\_

Signature &amp; Title of Company Authorized Representative

Signed &amp; Appointment Effective Date:

\_\_\_\_\_

\_\_\_\_\_

Print Name &amp; Title of Company Authorized Representative

\_\_\_\_\_

\*Standard Line Authority: Property=P, Casualty=C, Prop & Cas=PC, Life=L, Variable Life=VL, Variable Annuities=VA, Var Life & Var Annuities=VC, Accident & Health=AH, Life, Accident & Health= LAH, Personal Lines=PL (effective 9/1/2002)

\*Limited Line Authority: B=Bail Bonds, C=Credit, T=Travel Accident & Baggage, Other=O (effective 9/2002 non-res producers only-include explanation of line of authority requested)

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(PLEASE TYPE)

	LICENSEE NAME	FIRM/ INDIV	CT PRODUCER #	SOCIAL SECURITY # -OR- FEIN	LINES OF AUTHORITY * APPOINTED FOR:(SEE CODES BELOW)
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